

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. 10/815653	FILING DATE 7/2/04					
							APPLICANT(S) 7/2/04						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51			1			
2			1				52			1			
3			1				53			1			
4			1				54			1			
5			1				55			1			
6			1				56			1			
7			1				57			1			
8			1				58			1			
9			1				59				4		
10			1				60				20		
11			1				61				20		
12				11			62				12		
13				11			63				12		
14				11			64				12		
15				11			65				12		
16				11			66				24		
17				11			67				24		
18			1				68						
19			1				69						
20			1				70						
21			1				71						
22			1				72						
23			1				73						
24			1				74						
25			1				75						
26			1				76						
27			1				77						
28			1				78						
29				11			79						
30				11			80						
31				11			81						
32				11			82						
33				11			83						
34				11			84						
35			1				85						
36			1				86						
37			1				87						
38			1				88						
39			1				89						
40			1				90						
41			1				91						
42			1				92						
43			1				93						
44			1				94						
45			1				95						
46			1				96						
47			1				97						
48			1				98						
49			1				99						
50			1				100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓	46	↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.		↓	272	↓		↓
TOTAL CLAIMS							TOTAL CLAIMS			318			